## Portal to Discovery at Brookhaven National Laboratory Office of Educational Programs

## COLLEGE RESEARCH TEAM PROGRAM (CRTP) STUDENT APPLICATION FORM

1 Applicati	on Profile		
Prefix:			
First Name:	Last Name:		Middle Name:
Highest Degree:			
Primary Languag	je Spoken:		
Other Languages	S Spoken:		
Mail Address:		Email:	
City:		Home Phone:	
State:		Cell Phone:	
Zip:		Work Phone:	
Country:		Fax:	
Are you a U.S. C	itizen or PRA Yes / No		
If PRA	PRA Number:		<u> </u>
	Country of Citizenship:		<u> </u>
	Country of Birth:		
	City of Birth:		<u> </u>
	Passport Number:		
	Passport Exp. Date:		<u> </u>
2 Academi	c Information		
College/Universit	y Name:		
College/Universit	y Address:		
City:			
State:	Zip: Co	ountry:	
College Phone:			
Department Nam	e:		
Major Expected/I			
	ncentration Expected/Declared:		
Expected Gradua			
Expected Degree			
Current Undergra	aduate or Graduate GPA:		=
A l : -	a an Assaulas		
Academic Honors	s or Awards:		
	-		
Please list the ST	TEM courses you are enrolled in for the		
current semester			
Please list the ST	TEM courses you plan to be enrolled in		
	emester / quarter:		

Academic	c Information - continued			
Graduate Status:				
(What Year in your graduate education are you in?)				
Graduate Degree		. 0)		
(vvnat graduate d	legree program are you currently enrolled i	n?)		
0 - 1 - 1 - 0 - 1 1	1.7.			
Graduate School	the academic department you are currently	v oprolled		
	te institution, and the field in which you are			
your degree.)		p		
, ,				
Academic Credit:				
	ed as a participant in this program, will you r			
academic credit fi	rom your university/college for participating?			
Additional Colleg			<u> </u>	
University/Colleg	e Transcripts: Please attach			
Date of High Sch	ool graduation or GED:		<u></u>	
City:		State:		
3 Please pr	ovide the following information a	bout your curren	t academic advisor	
Prefix:				
First Name:	Last Name:		Middle Name:	
			madio mamo.	
Mail Address:				
=	<del>-</del>			
City:			<u></u> 	
City:		Email:		
City:		Email: Work Phone:		
City:		Email:		
City: State: Zip: Country:		Email: Work Phone:		
City: State: Zip: Country:  4 Dean of Y		Email: Work Phone:		
City: State: Zip: Country:  4 Dean of Y Prefix:	our Department	Email: Work Phone:		
City: State: Zip: Country:  4 Dean of Y Prefix: First Name:		Email: Work Phone:	Middle Name:	
City: State: Zip: Country:  4 Dean of Y Prefix: First Name: Mail Address:	our Department	Email: Work Phone:		
City: State: Zip: Country:  4	our Department	Email: Work Phone: Fax:		
City: State: Zip: Country:  4	our Department	Email: Work Phone: Fax:  Email:		
City: State: Zip: Country:  4	our Department	Email: Work Phone: Fax:		
City: State: Zip: Country:  4	our Department	Email: Work Phone: Fax:  Email:		
City: State: Zip: Country:  4	/our DepartmentLast Name:	Email: Fax:  Email: Work Phone:		
City: State: Zip: Country:  4	/our DepartmentLast Name:	Email: Fax:  Email: Work Phone:		
City: State: Zip: Country:  4	/our DepartmentLast Name:	Email: Fax:  Email: Work Phone:		
City: State: Zip: Country:  4	/our DepartmentLast Name:	Email: Fax:  Email: Work Phone:		
City: State: Zip: Country:  4	/our Department Last Name:	Email: Fax:  Email: Work Phone:	Middle Name:	
City: State: Zip: Country:  4	/our Department Last Name:	Email: Fax:  Email: Work Phone:	Middle Name:	
City: State: Zip: Country:  4	/our Department Last Name:	Email: Fax:  Email: Work Phone:	Middle Name:	
City: State: Zip: Country:  4	/our Department Last Name:	Email: Work Phone: Fax:  Email: Work Phone: Fax:	Middle Name:	

6 NSF funding program
Are you in a NSF funded program? Yes/No
If Yes:
Name of program:
Name of Principal Investigator (PI):
Telepnone Number of PI:
Email of PI:
Program Grant Number:
7 Work Experience
Work Experience:
Associations:
Computer Skills:
Laboratory/Technical Skills:
8 Program Info
Have you participated in previous DOE internships? Yes / No
If Yes Please List:
Have you participated in other previous internships? Yes / No
If Yes Please List:
What is the earliest date you can begin your appointment?
When do you need to complete your appointment?

9 Research Pro	ject
	be working under in the CRTP:
Project Title:	<u> </u>
Abilities:	
40	
10 Essays	Describe your previous research experience or equivalent experience on complex projects,
Research Experience	including the level of independence, while working as a member of a research/project team. (limit response to 350 - 400 words)

10 Essays - conti	inued
Research Interests	Describe your research interests and why you would like to be a part of a joint research project with BNL. You should discuss the proposed research project before completing this essay. (Limit response to 350-400 words)
-	
Personal Experience	Describe your professional, academic, or life experience and skills you have that enhance your ability to be an excellent contributing member to the Summer 2012 Student CRTP. (limit response to 350 - 400 words)

10 Essays - contin	
Professional Goals	Describe your long-term academic and professional goals, and how participation in the Summer 2012 Student CRTP program could develop or expand skills required to achieve those goals. (limit response to 350 - 400 words)